

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
 80th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/18/2006
 TIME: 11:50:28PM

Agency code: 529

Agency name:

Health and Human Services Commission

CODE DESCRIPTION

	Excp 2008	Excp 2009
Item Name: Provide State Funding for Alberto N Lawsuit Settlement		
Item Priority: 7		
Includes Funding for the Following Strategy or Strategies: 02-03-03 Health Steps (EPSDT) Comprehensive Care Program		
OBJECTS OF EXPENSE:		
3001 CLIENT SERVICES		
TOTAL, OBJECT OF EXPENSE	132,319,115	140,623,468
	\$132,319,115	\$140,623,468
METHOD OF FINANCING:		
555 FEDERAL FUNDS		
93.778.000 Medical Assistance Program		
758 GR MATCH FOR MEDICAID	80,317,703	85,597,505
TOTAL, METHOD OF FINANCING	52,001,412	55,025,963
	\$132,319,115	\$140,623,468

DESCRIPTION / JUSTIFICATION:

This request would address the lawsuit requirements of Alberto N. vs. Albert Hawkins which was filed in 1999. The plaintiffs are children with disabilities and chronic health conditions who alleged they have been denied medically necessary in-home Medicaid services. These services include private duty nursing (PDN), personal care services and durable medical equipment (DME). There was an initial settlement in 2002 and a final settlement agreement was reached and approved by the Court in June 2005.

The settlement agreement would 1) provide all medically necessary DME, nursing services (either through a home health skilled nurse or a private duty nurse provided through the Comprehensive Care Program at HHSC; 2) provide all necessary personal care services, taking into consideration the parent's needs and competencies; 3) eliminate diagnosis-based criteria for services; 4) revise the method for calculating and allocating the number of PDN and personal care services hours; and 5) coordinate nursing and personal care services hours. The State would also be permitted to make changes to the agreement based on changes in federal or state law. Implementation would begin January 2007 and conclude December 2008.

EXTERNAL/INTERNAL FACTORS:

Costs associated with provider rate increases are not included in this request but will be submitted in October 2006 as a part of the HHS Consolidated Budget.